



Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10756, CMS-R-246]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the *Federal Register* concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.
2. *By regular mail.* You may mail written comments to the following address:

CMS, Office of Strategic Operations and Regulatory Affairs

Division of Regulations Development

Attention: Document Identifier/OMB Control Number _____

Room C4-26-05

7500 Security Boulevard

Baltimore, Maryland 21244-1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web Site address at Web Site address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>
2. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: William N. Parham at (410) 786-4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS-10576 Results of Your Drug Coverage Request

CMS-R-246 Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Under the PRA (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the Federal Register concerning each proposed collection of

information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. *Type of Information Collection Request:* New Collection (Request for a new OMB control number); *Title of Information Collection:* Results of Your Drug Coverage Request; *Use:* The purpose of this notice is to provide information to enrollees whenever a Medicare Advantage Prescription Drug plan (MA-PD) covers a prescription drug under a different Medicare benefit than was requested by the enrollee. The enrollee may request coverage under their Part B or Part D benefit. When the MA-PD approves coverage in the benefit that was not requested by the beneficiary, the determination involves both an approval and a denial of benefits. The plan must send written notification that is readable, understandable, and explains the specific reasons for the denial of the alternate benefit. The notice must also remind enrollees about their rights and protections related to requests for prescription drug coverage and include an explanation of both the standard and expedited redetermination processes and the rest of the appeal process.

This collection replaces the current forms for communicating coverage provided to Medicare Advantage Prescription Drug (MA-PD) enrollees with regard to Part B vs. Part D drug requests. The new notice, Results of Your Drug Coverage Request, provides both approval messaging and the required denial messaging to beneficiaries in a more readable and understandable format than the existing Part D denial notice (CMS-10146, OMB-0938-0976) and Integrated Denial Notice (CMS-10003, OMB-0938-0829). Currently, coverage for drugs that are subject to a Part B vs. Part D adjudication is communicated by two separate forms: CMS-10146 (OMB-0938-0976) (communicating denial under Part D) and CMS-10003 (OMB-0938-0829) (communicating denial under Part B).

This proposed collection corrects this confusion by satisfying the denial and approval requirement in one form that brings focus to the approval rather than the denial. This proposed

collection consolidates and streamlines the communication with enrollees by requiring one notice for communication when a drug request is subject to coordination of Part B and Part D benefits under 42 CFR §422.112. This collection is structured so that the enrollee receives a single notice that communicates both approval and denial under the respective benefits. *Form Number*: CMS-CMS-10756 (OMB control number: 0938-New); *Frequency*: Occasionally; *Affected Public*: Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents*: 755; *Total Annual Responses*: 68,413; *Total Annual Hours*: 17,103. (For policy questions regarding this collection contact Trevor Rose at 410-786-7768.)

2. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey; *Use*: The Centers for Medicare & Medicaid Services (CMS) has authority to collect various types of quality data under section 1852(e) of the Act and use this information to develop and publicly post a 5-star rating system for Medicare Advantage (MA) plans based on its authority to disseminate comparative information, including about quality, to beneficiaries under sections 1851(d) and 1860D-1(c) of the Act. As codified at § 422.152(b)(3), Medicare health plans are required to report on quality performance data which CMS can use to help beneficiaries compare plans. Cost plans under section 1876 of the Act are also included in the MA Star Rating system, as codified at § 417.472(k), and are required by regulation (§ 417.472(j)) to make CAHPS survey data available to CMS.

The MMA under Sec. 1860D-4 (Information to Facilitate Enrollment) requires CMS to conduct consumer satisfaction surveys of enrollees in MA and Part D contracts and report the results to Medicare beneficiaries prior to the annual enrollment period. This request for approval is for CMS to continue conducting the Medicare CAHPS surveys annually to meet the requirement to conduct consumer satisfaction surveys regarding the experiences of beneficiaries with their health and prescription drug plans.

The primary purpose of the Medicare CAHPS surveys is to provide information to Medicare beneficiaries to help them make more informed choices among health and prescription drug plans available to them. Survey results are reported by CMS in the Medicare & You handbook published each fall and on the Medicare Plan Finder website. Beneficiaries can compare CAHPS scores for each health and drug plan as well as compare MA and FFS scores when making enrollment decisions. The Medicare CAHPS also provides data to help CMS and others monitor the quality and performance of Medicare health and prescription drug plans and identify areas to improve the quality of care and services provided to enrollees of these plans. CAHPS data are included in the Medicare Part C & D Star Ratings and used to calculate MA Quality Bonus Payments. *Form Number:* CMS-R-246 (OMB control number: 0938-0732); *Frequency:* Yearly; *Affected Public:* Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 537; *Total Annual Responses:* 745,350; *Total Annual Hours:* 179,108. (For policy questions regarding this collection contact Sarah Gaillot at 410-786-4637.)

Dated: November 4, 2020.

William N. Parham, III,

Director,

Paperwork Reduction Staff,

Office of Strategic Operations and Regulatory Affairs.

4120-01-U-P

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